



STATE AND SCHOOL
EMPLOYEES'

Life AND Health

P L A N

Know Your Benefits

GOOD NEWS DURING TOUGH ECONOMIC TIMES: NO RATE INCREASE FOR JULY 1, 2009!

Many healthcare professionals and insurance experts nationwide have projected healthcare cost increases of as much as 10% for the next year. While similar cost increases are expected for the State and School Employees' Health Insurance Plan, your premiums will not be increased this year. Through the use of accumulated reserves, the Plan is able to defer the necessary premium adjustments associated with the expected healthcare cost increases until next fiscal year. While this is good news for premium payers now, the continuing growth of healthcare costs will certainly require significant premium increases in the future.

Although future premium increases are inevitable, you can help us try to minimize these increases by being a smart consumer of

healthcare. Familiarize yourself with your *Plan Document* to maximize your benefits, use emergency rooms only for emergencies, request generic drugs when available and appropriate, and engage in wellness activities to STAY HEALTHY.

One of the most important things that you can do is to adopt a healthy lifestyle. This can help you lead a longer, happier life, and also help reduce healthcare costs. Visit the Plan's website at <http://knowyourbenefits.dfa.state.ms.us> to learn more about the Plan's wellness and health promotion program, *Motivating Mississippi – Keys to Living Healthy*.

COBRA PREMIUM SUBSIDY

The American Recovery and Reinvestment Act of 2009 (ARRA) provides for government-funded COBRA premium assistance and additional election opportunities for continuation coverage under COBRA for employees (and their covered dependents) who were or are involuntarily terminated from employment between September 1, 2008 and December 31, 2009. Under the provisions of ARRA, involuntarily terminated employees who qualify as Assistance Eligible Individuals and elect COBRA will only have to pay 35% of the applicable premium. Employers will be responsible for paying the remaining 65%, for up to nine months of continuation coverage.

To be considered an Assistance Eligible Individual and get reduced premiums, the involuntarily terminated employee:

- MUST be eligible for continuation coverage at any time during the period from September 1, 2008 through December 31, 2009 and elect the coverage;
- MUST have a continuation coverage election opportunity related to an involuntary termination of employment that occurred at some time from September 1, 2008 through December 31, 2009;
- MUST NOT be eligible for Medicare; AND
- MUST NOT be eligible for coverage under any other group health plan, such as a plan sponsored by a successor employer or a spouse's employment.

For more information, please contact your local employer or Blue Cross & Blue Shield of Mississippi at 800-709-7881.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
PREMIUM RATES
Effective July 1, 2009

LEGACY EMPLOYEES
(INITIALY HIRED BEFORE 1/1/2006)

COVERAGE TYPE
BASE (High Deductible) **SELECT**
TOTAL EMPLOYEE TOTAL EMPLOYEE

ACTIVE*				
Employee*	\$343	\$0	\$361	\$0
Employee + Spouse	\$682	\$339	\$746	\$385
Employee + Spouse & Child(ren)	\$860	\$517	\$924	\$563
Employee + Child	\$432	\$89	\$496	\$135
Employee + Children	\$568	\$225	\$632	\$271

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE				
Retiree		\$394		\$415
Retiree + Spouse (Non-Medicare)		\$784		\$857
Retiree + Spouse & Child(ren) (Non-Medicare)		\$989		\$1,062
Retiree + Child		\$496		\$550
Retiree + Children		\$653		\$686
Retiree + Spouse (Medicare)		N/A		\$577
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$712

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE				
Retiree		\$394		\$415
Retiree + Spouse (Non-Medicare)		\$784		\$857
Retiree + Spouse & Child(ren) (Non-Medicare)		\$989		\$1,062
Retiree + Child		\$496		\$550
Retiree + Children		\$653		\$686
Retiree + Spouse (Medicare)		N/A		\$577
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$712

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE				
Retiree		N/A		\$162
Retiree + Spouse (Non-Medicare)		N/A		\$604
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$809
Retiree + Child		N/A		\$297
Retiree + Children		N/A		\$433
Retiree + Spouse (Medicare)		N/A		\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$459

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE				
Retiree		N/A		\$162
Retiree + Spouse (Non-Medicare)		N/A		\$604
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$809
Retiree + Child		N/A		\$297
Retiree + Children		N/A		\$433
Retiree + Spouse (Medicare)		N/A		\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$459

RETIRED NON-MEDICARE MARRIED TO ACTIVE				
Retiree		\$367		\$385
Retiree + Child		\$456		\$520
Retiree + Children		\$592		\$656

* The State pays 100% of the Legacy employee's premium for Base (\$343) or Select (\$361) coverage.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN

PREMIUM RATES

Effective July 1, 2009

HORIZON EMPLOYEES

(INITIALLY HIRED ON OR AFTER 1/1/2006)

COVERAGE TYPE

BASE (High Deductible)

SELECT

TOTAL

EMPLOYEE

TOTAL

EMPLOYEE

ACTIVE*				
Employee*	\$343	\$0	\$361	\$18
Employee + Spouse	\$682	\$339	\$746	\$403
Employee + Spouse & Child(ren)	\$860	\$517	\$924	\$581
Employee + Child	\$432	\$89	\$496	\$153
Employee + Children	\$568	\$225	\$632	\$289

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE

Retiree		\$575		\$596
Retiree + Spouse (Non-Medicare)		\$1,146		\$1,219
Retiree + Spouse & Child(ren) (Non-Medicare)		\$1,281		\$1,354
Retiree + Child		\$658		\$731
Retiree + Children		\$794		\$867
Retiree + Spouse (Medicare)		N/A		\$758
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$893

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE

Retiree		\$575		\$596
Retiree + Spouse (Non-Medicare)		\$1,146		\$1,219
Retiree + Spouse & Child(ren) (Non-Medicare)		\$1,281		\$1,354
Retiree + Child		\$658		\$731
Retiree + Children		\$794		\$867
Retiree + Spouse (Medicare)		N/A		\$758
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$893

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE

Retiree		N/A		\$162
Retiree + Spouse (Non-Medicare)		N/A		\$785
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$920
Retiree + Child		N/A		\$297
Retiree + Children		N/A		\$433
Retiree + Spouse (Medicare)		N/A		\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$459

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE

Retiree		N/A		\$162
Retiree + Spouse (Non-Medicare)		N/A		\$785
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$920
Retiree + Child		N/A		\$297
Retiree + Children		N/A		\$433
Retiree + Spouse (Medicare)		N/A		\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$459

RETIRED NON-MEDICARE MARRIED TO ACTIVE

Retiree		\$367		\$385
Retiree + Child		\$456		\$520
Retiree + Children		\$592		\$656

* The State pays 100% of the Horizon employee's premium for Base (\$343) coverage. For Select coverage, the State pays \$343 of the Horizon employee's total \$361 premium.

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
PREMIUM RATES**

Effective July 1, 2009

COBRA ENROLLEES

(Legacy and Horizon)

COVERAGE TYPE

BASE (High Deductible)

SELECT

COBRA

Participant	\$349	\$368
Participant + Spouse	\$695	\$760
Participant + Spouse & Child(ren)	\$877	\$942
Participant + Child	\$440	\$505
Participant + Children	\$579	\$644

COBRA DISABILITY EXTENSION

Participant	\$514	\$541
Participant + Spouse	\$1,023	\$1,119
Participant + Spouse & Child(ren)	\$1,290	\$1,386
Participant + Child	\$648	\$744
Participant + Children	\$852	\$948

COBRA ENROLLEES on SUBSIDY

(Legacy and Horizon)

BASE COVERAGE

COBRA	Total Premium	Employer Subsidy	Participant Premium
Participant	\$349	\$227	\$122
Participant + Spouse	\$695	\$452	\$243
Participant + Spouse & Child(ren)	\$877	\$571	\$306
Participant + Child	\$440	\$286	\$154
Participant + Children	\$579	\$377	\$202

COBRA DISABILITY EXTENSION

Participant	\$514	\$335	\$179
Participant + Spouse	\$1,023	\$665	\$358
Participant + Spouse & Child(ren)	\$1,290	\$839	\$451
Participant + Child	\$648	\$422	\$226
Participant + Children	\$852	\$554	\$298

SELECT COVERAGE

COBRA	Total Premium	Employer Subsidy	Participant Premium
Participant	\$368	\$240	\$128
Participant + Spouse	\$760	\$494	\$266
Participant + Spouse & Child(ren)	\$942	\$613	\$329
Participant + Child	\$505	\$329	\$176
Participant + Children	\$644	\$419	\$225

COBRA DISABILITY EXTENSION

Participant	\$541	\$352	\$189
Participant + Spouse	\$1,119	\$728	\$391
Participant + Spouse & Child(ren)	\$1,386	\$901	\$485
Participant + Child	\$744	\$484	\$260
Participant + Children	\$948	\$617	\$331

New Program for Obesity Treatment and Management

Legislation passed during the 2009 Regular Session establishes a two-year limited program within the State and School Employees' Health Insurance Plan (Plan) for the treatment and management of obesity and related conditions, and includes benefits for bariatric surgery. This legislation requires that the Plan collect and analyze personal and medical information on those participants selected to participate in the program in order to evaluate the effectiveness of the program.

Participation in the program is limited to no more than 100 individuals per year, these applicants to be selected based on the following criteria:

- *Participation in the Plan for at least 12 consecutive months prior to September 1, 2009;*
- *Completion of the HealthQuotient health risk assessment through the Plan's wellness and health promotion program;*
- *A BMI (Body Mass Index) of greater than 40, or a BMI greater than 35 with 2 or more co-morbidities such as diabetes, hypertension, gastro esophageal reflux disease, sleep apnea or asthma;*
- *Two or more physician-supervised weight loss attempts such as Weight Watchers®, the Atkins™ diet, the South Beach Diet® or Sugar Busters®, within the last 24 months; and*
- *Consent to provide personal and medical information to the Plan.*

From the qualified applicants, the Plan will select 100 participants who will be eligible to receive a multi-disciplinary health evaluation at one of the State's Bariatric Surgery Centers of Excellence. If the Center of Excellence determines that the bariatric surgery is medically appropriate, the participant must contact CareAllies, the Plan's medical management vendor, to enroll in a case management program and to receive prior authorization for the surgery.

Participants interested in applying for the program will be required to submit an application, including medical history certified by the applicant's physician. The application can be found on the Plan's web site at <http://knowyourbenefits.dfa.state.ms.us>. If you are unable to access the application, please contact the Office of Insurance at (601) 359-3411 or toll-free (866) 586-2781. **All applications must be received at the Office of Insurance by September 1, 2009.** Incomplete applications will not be eligible for consideration in the program.

This article provides an overview only of the program and application process. Participants should refer to the Plan's web site for complete information on the program.